

miniupdate

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TO: Medical Directors, Community-Based Clinics
Directors, Medical Residency Programs
Directors, Nursing Schools
Interested Others

August 15, 2003

FROM: Howard Backer, MD, MPH, Acting Chief
Immunization Branch



Below for your information and reference is an abbreviated copy of the Immunization Branch's bimonthly UPDATE memorandum. The edited version contains medical and technical information on immunization and vaccines. We hope it is helpful. If you have questions on immunizations, please contact the Immunization Coordinator at your local health department.

Latina 50+ Flu Campaign California 2003, 11 Media Markets



See article "Look for Latina 50+ Flu Campaign," page 5.

It's National Immunization Awareness Month!

August is *National Immunization Awareness Month (NIAM)*, a time to educate the public and policy makers on the importance of making sure people are up-to-date on their immunizations. The 2003 Promotional Kits from the National Partnership for Immunization (NPI) were sent to Immunization Coordinators in early July. For more information, please visit www.partnersforimmunization.org.

DISEASE ACTIVITY AND SURVEILLANCE

TABLE OF CONTENTS

Disease Activity and Surveillance.....	1
Assessment Activity.....	2
Immunization Services.....	3
Vaccines for Children (VFC) Program.....	3
Professional Information and Education.....	3
Public Information and Education.....	4
Influenza and Pneumococcal Activities.....	4
Smallpox and BT Preparedness.....	5
Immunization Registries.....	6
IZ Coalition Activities.....	6
Miscellaneous.....	6

The surveillance data reviewed in this section are reported in Table 1 at the bottom of page 2.

Pertussis: From January to June 2003, 409 confirmed and probable cases of pertussis were reported (some of which had onset in 2002), resulting in an incidence rate of 1.1 cases per 100,000 population. Of the 118 infant cases, 111 (94%) were in children under six months of age, who were too young to be fully immunized. Children 1-4 years old represented only a small portion (4%) of all

Continued on page 2...

cases. Children 5–17 years old represented 41% of all cases and adults 18 years of age and older represented 26% of all cases. Incidence of pertussis was highest in White, non-Hispanics at 1.25 per 100,000 population (221 cases); followed by Hispanics at 1.06 (124 cases); Asian/Pacific Islanders at 0.31 (14 cases); and African Americans at 0.25 (6 cases). Forty-four cases are of other or unknown race/ethnicity. Incidence of pertussis in children less than 1 year old was highest among Hispanics (28.1 per 100,000) and lower in White, non-Hispanics (14.4), African Americans (8.1), and Asians (5.7). Twenty-five percent of this year's pertussis cases were hospitalized. Of the 102 hospitalized cases, 91 (89%) were in children less than six months of age.

An additional 281 cases are still being investigated at the local level (open cases), resulting in a total of 690 pertussis cases in California as of June 2003. Many of these cases are reported from areas of high incidence: Los Angeles (112 cases), Placer (35 cases), Sacramento (120 cases), San Diego (99 cases), Santa Clara (25 cases), Stanislaus (21 cases), Ventura (21 cases), and Yolo (102 cases) counties. The number of cases reported with onset between January and June 2003 (406) is less than the number of cases with onset during the same time period in 2002 (547) and more than the number reported in 2001 (311).

Measles: A case of measles was reported in a 75-year-old male who was visiting San Mateo county from Israel. He arrived on May 14 and had rash onset on May 27. He was laboratory-confirmed by measles IgM testing and virus isolation (type D6). The local health department followed up on contacts. The case-patient was hospitalized with pneumonitis and encephalopathy, and eventually died. This is the first measles-associated death in California since the national outbreak in 1989–1991.

Another case of measles was confirmed in mid-July (not included in Table 1) in a 3-year-old child from Alame-

da County. He had no history of MMR immunization and recently had visited the Philippines, returning in late June. His rash onset was July 5, so this case is not included in Table 1. Other symptoms included fever, cough, coryza, and conjunctivitis. This case was hospitalized and is recovering. This brings the total number of measles cases reported in 2003 to 3 cases.

Haemophilus influenzae, type B (Hib): One case of *Haemophilus influenzae*, type B (Hib) disease was reported during the first half of 2003. The case was a 3-year-old Hispanic male child from Madera County. This child was fully immunized. He was hospitalized for pneumonia and bacteremia and did recover fully.

Hepatitis A and B: From January to June 2003, 519 cases of hepatitis A were reported, resulting in an incidence rate of 1.4 cases per 100,000 population. The majority of cases (81%) were in adults (18 years of age or older). In the same time period, 354 acute cases of hepatitis B were reported, resulting in an incidence rate of 1.0 per 100,000 population. Two cases were reported in children under 18 years, both adolescents. All other cases were adult cases, age 18 or older.

ASSESSMENT ACTIVITY

2003 Selective Review Results

The annual Selective Review conducted each spring provides information on school compliance with school immunization law. This year, a sample of 2–5% of California's schools were randomly selected: 215 kindergartens and 191 seventh grades. In general, results of the

Continued on page 3...

Table 1: Reported Cases by Age Group and Incidence of Selected Vaccine-Preventable Diseases California, 2003 (Provisional¹ – as of 6/30/03)

DISEASE	Age Groups ²			All Ages ³	
	0-4 yrs	5-17 yrs	18+ yrs	Cases	Rate ⁴
Congenital Rubella Syndrome	0	0	0	0	0.0
<i>H. influenzae</i> , type B (Hib) ⁵	1	0	0	1	0.0
Hepatitis A	9	88	421	519	1.4
Hepatitis B	0	2	351	354	1.0
Measles ⁶	0	0	2	2	0.0
Pertussis ⁷	134	167	108	409	1.1
Rubella ⁶	0	0	0	0	0.0
Tetanus	0	0	0	0	0.0

¹ Cases by date of report, not of onset

² Does **not** include cases with unknown age

³ Includes cases with unknown age

⁴ Incidence Rate = cases/100,000 population

⁵ *H. influenzae* is reportable only for cases 30 years of age and under

⁶ Confirmed cases only

⁷ Closed cases only (probable and confirmed)

Source: Cases reported by California's mandatory reportable conditions surveillance system.

Prepared by the California Department of Health Services, Immunization Branch

2003 Selective Review indicate that schools are complying with school immunization law. Immunization rates are 90% or higher for individual antigens, with the exception of hepatitis B among seventh grade students (89.0%). Overall, 92.4% of children met all immunization requirements for entry into kindergarten (4 DTP/DTaP, 3 Polio, 1 MMR, 3 Hep B, 1 Varicella) in the fall, and 93.4% of children assessed in the spring met the requirements. For seventh grade students, 74.1% met requirements (completion of hepatitis B vaccine series and 2 doses of measles-containing vaccine) in the fall, and 86.7% of those assessed in the spring met all immunization requirements.

2002 NIS Results

The results of the 2002 National Immunization Survey (NIS) indicate that immunization coverage levels in California's young children are comparable to national coverage levels. Children in the 2002 National Immunization Survey were born between February 1999 and May 2001. As shown in Table 3, coverage levels for all immunization series are comparable to national levels for the state as a whole as well as for the three California Immunization Action Plan Areas (Los Angeles, San Diego, and Santa Clara counties). This pattern also held true for all individual antigen coverage levels.

IMMUNIZATION SERVICES

Infanrix® Receives FDA Approval

GlaxoSmithKline's *Infanrix*® product (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed) has received approval from the U.S. Food and Drug Administration (FDA) to be administered as a fifth consecutive dose for children between the ages of 4 to 6 years. *Infanrix*® had previously been approved by the FDA for the DTaP three-dose primary series and the DTaP fourth dose given in the second year of life.

VACCINES FOR CHILDREN (VFC) PROGRAM

VFC Influenza Vaccine

VFC providers will be receiving a VFC mailing in August. It will announce the availability of influenza vaccine and will contain a revised VFC Vaccine Order Form (DHS-5801/IMM-376C). Influenza vaccine is for high-risk VFC patients, 6 months through 18 years of age. A new preservative free (PF) flu vaccine also will be available. This influenza PF vaccine (trade name, *Fluzone*® Preservative Free) should be prioritized for use in children 6–35 months of age. Providers need to be aware that this new flu PF product will ONLY come pre-filled in a *Tip Lok*® syringe package, without a needle.

VFC Vaccines – Follow-up from CHDP

The Children Health and Disability Prevention (CHDP) program issued a July 1, 2003, CHDP Provider Information Notice 03-12 informing all CHDP providers of the new pentavalent (DTaP/ HepB/IPV) combination vaccine, commercially known as *Pediarix*®. CHDP has made the vaccine a covered benefit and will reimburse \$9.00 for administration when CHDP Code 68 is used. This policy is effective retroactive to April 1, 2003.

PROFESSIONAL INFORMATION AND EDUCATION

New Adult IZ History Chart Record

The Standards for Adult Immunization Practices have been revised (*American Journal of Preventive Medicine*, 2203;25). The objective of the Standards is to create the same level of success for adult immunization as has been achieved by childhood immunization programs. The 15

Continued on page 4...

**Table 3: Estimated Immunization Coverage among Children 19-35 Months, by Vaccine Series
California, 2002**

Region	4:3:1 ^a	4:3:1:3 ^b	4:3:1:3:3 ^c	4:3:1:3:3:1 ^d
US National	78.5% (±1.0)	77.5% (±1.0)	74.8% (±1.0)	65.5% (±1.1)
California	77.5% (±3.7)	75.8% (±3.8)	73.2% (±3.8)	67.1% (±4.0)
Los Angeles County	79.6% (±5.6)	77.1% (±5.8)	76.0% (±5.9)	72.3% (±6.1)
San Diego County	79.0% (±5.7)	77.7% (±5.8)	74.1% (±6.1)	70.7% (±6.3)
Santa Clara County	85.0% (±4.4)	83.7% (±4.5)	81.1% (±4.8)	75.2% (±5.3)
Rest of State	75.6% (±5.7)	74.0% (±5.8)	70.9% (±5.9)	63.1% (±6.2)

^a 4+ DTP/DTaP, 3+ Polio, 1+ MCV

^b 4+ DTP/DTaP, 3+ Polio, 1+ MCV, 3+ Hib

^c 4+ DTP/DTaP, 3+ Polio, 1+ MCV, 3+ Hib, 3+ Hep B

^d 4+ DTP/DTaP, 3+ Polio, 1+ MCV, 3+ Hib, 3+ Hep B, 1+ Varicella

Source: National Immunization Survey, 2002

Prepared by California Department of Health Services, Immunization Branch

standards highlight information and practices in adult health care settings that will raise immunization coverage, resulting in overall societal cost savings and reductions in preventable hospitalizations and deaths.

Standard 10 emphasizes the need for improved immunization record keeping: "histories should be recorded on a standard form in an easily accessible location in the medical record to facilitate rapid review of vaccination status." Enclosed in this **UPDATE** is a new Adult Immunization History and Record for patient charts to meet this need.

Live CDC/Immunization Branch Vaccine-Preventable Disease Courses

The annual Epidemiology and Prevention of Vaccine-Preventable Diseases course will be held in Torrance on November 17-18, and in Sacramento on November 20-21. These courses will provide all the latest information on immunization-related issues. Enclosed in this **UPDATE** is a course flyer and registration form. Courses fill up quickly, so mail your registration early. If you have any questions, contact Melissa Dahlke at (510) 540-2379 or MDahlke@dhs.ca.gov.

PUBLIC INFORMATION AND EDUCATION

Grandma Ads Roll through Fresno

Last year the Childhood Immunization Coalition of Fresno and Madera counties created the charming "Grandma Am I Up To Date?" ad. Although originally seen only in newspapers, the Fresno county IZ program has made it possible for the ad to be seen all around town! Since May, Fresno area buses have been promoting immunization messages using the popular ad. The ad appears in English and Spanish on the outside of 14 Express buses and the posters will remain through August. The same ad also was

designed for bus interiors and more than 100 English versions and 100 Spanish versions have been placed.

VPD Brochure Available in Spanish

The brochure "A Parent's Guide to Vaccine-Preventable Diseases" dealing with vaccine safety is now available in Spanish. The brochure is designed for physicians and clinics to use with parents who have questions about the need for vaccines; it is not meant for general distribution. The brochure makes no reference to the brand of vaccines. To order brochures, contact your Aventis Pasteur field representative.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

FluMist™ Gets FDA Approval

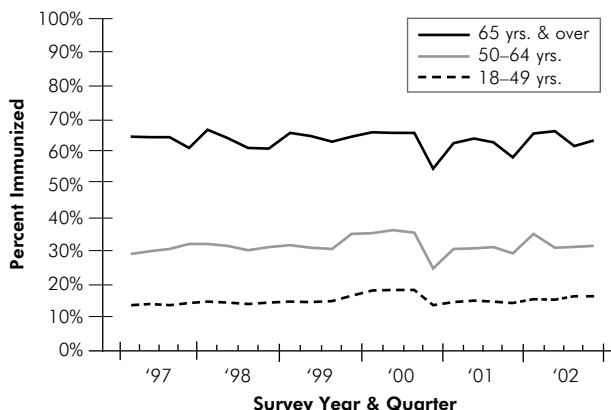
FluMist™, the first live-attenuated influenza vaccine, was approved by the Food and Drug Administration (FDA) on June 17th, 2003 in time for use this fall. Like the inactivated vaccine, FluMist™ is a trivalent vaccine formulation containing two influenza type-A viruses and one influenza type-B virus. Whereas the inactivated influenza vaccines consist of purified influenza virus antigens without any whole or live virus, FluMist™ contains live virus and is administered as a nasal spray instead of by injection. The live vaccine strains are called "cold-adapted" because they are only able to replicate in the cooler environment of the nose and are unable to grow in the warmer temperature of the lungs. Check with the sales representative from Wyeth vaccines for details. The new FluMist™ vaccine is licensed only for use in healthy children and adults aged 5-49 years. ACIP recommendations concerning FluMist™ are expected soon. It is not currently provided through the VFC Program.

National Health Interview Survey: 2002 Results

The National Health Interview Survey (NHIS) is the principal source of information on the health of the civilian, noninstitutionalized population of the United States. NHIS data are used widely throughout the Department of Health and Human Services (DHHS) to monitor trends in illness and disability and to track progress toward achieving national health objectives. Data collected in 2002 are now available (Figure 2 on next page). Results are consistent with data from the Behavioral Risk Factor Surveillance System and match current trends at the statewide level. Influenza immunization coverage in individuals over the age of 65 vary by ethnic group, a trend seen at the state level as well (Figure 3 on next page).

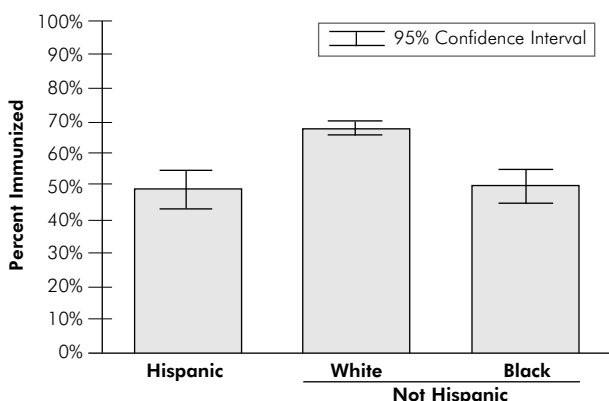
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Figure 2: Adults Who Received a Flu Shot During Past 12 Months, by Age Group and Quarter United States, 1997–2002



Source: National Health Interview Survey, 1997-2002
Prepared by National Center for Health Statistics

Figure 3: Adults 65+ yrs. Who Had Received a Flu Shot in the Past 12 Months, by Race/Ethnicity United States, 2002



Source: National Health Interview Survey, 2002
Prepared by National Center for Health Statistics

Look for Latina 50+ Flu Campaign Launch this Fall

This fall, the Immunization Branch, in partnership with local health departments, will launch a campaign to increase awareness of the importance of flu shots among Latina women in California. The Latina 50+ Flu Campaign addresses the disparity in immunization coverage between Latinos and whites. According to the 2001 California Health Interview Survey, the estimated immunization coverage for Latinos 65 years and older is 54%, compared to 70% for non-Latino whites. The proposed centerpiece for the campaign is a television advertisement to appear on Spanish-language television stations. Spanish radio spots will supplement the advertising effort in Southern California, San Francisco, and Sacramento.

Extensive formative research was conducted in developing the campaign approach, including a series of focus

groups conducted by UCLA. For more details, contact Karina Celaya at (510) 540-2271 or KCelaya@dhs.ca.gov.

African American Flu Campaign Continues for Fall

It's almost Flu season and the African American Flu Campaign will be underway in October 2003. An ad will appear in November's issue of *Essence* magazine. We will continue promoting flu shots for the 50+ population in collaboration with the National Medical Association (NMA), the voice of over 25,000 African American physicians. This year, we have added a static cling poster. A sample of the static cling poster is enclosed in this UPDATE.

Other Materials for Adult Immunization Campaign

The California Department of Health Services offers materials useful for general adult immunization promotion and for Adult Immunization Awareness Week on Oct. 12-18.

Materials include CDC's Recommended Adult Immunization Schedule; Vaccines for Mature Adults brochure (IMM-260) (a sample is enclosed in this UPDATE), a Spanish-language version of which will be available in the fall; and the hepatitis B static cling poster (IMM-747SC), brochure (IMM-747), and oversized postcard (IMM-747P).

Flu Vaccine and SARS

Q: Does CDC recommend a flu shot to reduce the likelihood of getting a respiratory tract illness that could be mistaken for SARS?

A: No. CDC does not recommend a flu shot as a way to avoid confusing influenza disease with an influenza-like illness caused by SARS.

Influenza viruses are only one cause of influenza-like illness (fever, body aches, headaches). Even during the fall and winter influenza season, many other infectious agents (including SARS-associated coronavirus) can cause influenza-like illness, and most influenza-like illnesses are not caused by influenza viruses (or SARS-associated coronavirus). The influenza vaccine can prevent 70-90% of illness in healthy persons *caused by influenza viruses*, but does not prevent influenza-like illness caused by other infectious agents.

SMALLPOX AND BT PREPAREDNESS

Smallpox Education and Training Resources

There are several sources available for training and continued education in smallpox. Some of these resources are:

Department of Defense (DOD) Training Web-casts: Complete one of the on-line smallpox training modules and

Continued on page 6...

receive continuing education credits. More information available here: www.smallpox.army.mil/resource.

Smallpox: Healthcare Provider's Briefing: A multimedia version of this updated presentation, which is directed towards medical healthcare professionals, is now available in the "Briefings" section of the DOD on-line training library. This presentation is given by COL John Grabenstein, Deputy Director Clinical Operations, MILVAX Agency. You must complete the full registration to view this presentation. <http://dod.digiscript.com>.

Smallpox: Individual's Briefing: A multimedia version of this updated presentation is now directly available on-line. This presentation is suitable for all audiences prior to vaccination. <http://smallpox.digiscript.com>.

CDC Smallpox Resources: The CDC has provided extensive information on smallpox and smallpox vaccination on their Public Health Preparedness and Emergency Response website: www.bt.cdc.gov.


IMMUNIZATION REGISTRIES

New Northern Regional Registry Forming in California

Efforts to expand the regional registries statewide are reaching a successful conclusion with the formation of the ninth regional registry in rural northern California. Representatives from 15 counties and many community health clinics met in May in Redding. The region will use the California Automated Immunization Registry (CAIR) software. People from all 15 northern counties are designing the last regional registry needed to ensure registry access for all of California's children.

IZ COALITION ACTIVITIES

C3I Taps into the Power of Distance Learning to Eliminate Health Disparities!

Reaching from New York to Hawaii and the Virgin Islands, C3I's (California Coalition for Childhood Immunization) Eliminating Health Disparities Satellite Broadcast on July 10 was a huge success. This informative program targeted outreach workers and health promotion and health education staff. Speakers offered insight into working with diverse communities and addressed disparities. A flyer about the video is enclosed in this  UPDATE.

UPDATE Now Available by E-Mail:

If you would like to receive an electronic copy of UPDATE, we can now email UPDATE as an Adobe Acrobat pdf file. To get on our email list, please send an email to izupdate@dhs.ca.gov. Please indicate whether you would like to still receive the mailed version as well.

MISCELLANEOUS

California Immunization Handbook, 7th Edition, Now Available

The 7th edition of the California Immunization Handbook is now available. The new cover is bright blue and the handbook has been expanded to include the varicella (chickenpox) regulations, recommendations for college-bound students, vaccine acronyms, and additional frequently asked questions. Quantities of the handbook have been or are being drop-shipped to all the counties.

A Closer Look at WIC's Assessment and Referral Strategy

Women, Infants, and Children (WIC) Supplemental Nutrition programs promote immunization by assessing children's immunization records and referring those in need of immunization to their health care providers. Implementation of this assessment and referral (A/R) strategy is currently a national initiative in WIC programs.

In 1989-1991, several large studies in Chicago, New York, and Dallas demonstrated that immunization record assessment at WIC with subsequent referral back to the medical provider and an additional intervention component raised immunization coverage levels by as much as 40 percent.

In our study, WIC centers were assigned to 1 of 3 intervention groups that delivered A/R at either every visit for all eligible children, or every visit for a subset of high-risk children, or every 6 months. There also was a control group of WIC sites that received no A/R intervention. The study found that immunization coverage levels for 4 DTP/DTaP, 3 polio, 1 MMR, 3 Hib and 3 hepatitis B (4:3:1:3:3) by 24 months of age were similar among these groups (89-90%) and differences were not statistically significant when compared to the control group (88%). However, both intervention and control PHFE-WIC coverage levels were an impressive 16-17 percent above the California statewide average (73.2 percent for this same vaccine series and age group).

Although immunization coverage levels were found to be higher than expected, possibly as a result of the immunization education and strong linkages with health care providers that WIC has encouraged, the results of this study provide no evidence that the A/R alone intervention increased immunization coverage in this population. This study was published in the May 2003 issue of *Archives of Pediatrics and Adolescent Medicine*.